

04/05/01

FAUQUIER COUNTY FIRE, RESCUE, AND EMERGENCY SERVICES

TRAINING REGISTRATION FORM

Please complete all information & print neatly.

COURSE REQUESTED:_____

DATE OF FIRST CLASS:_____

LOCATION:_____

NAME:_____SS #:_____

DATE OF BIRTH:_____AGE:_____MALE:_____FEMALE:_____

MAILING ADDRESS:_____

PHONE: (H):_____(W):_____PAGER:_____

CHECK ONE: VOLUNTEER:_____CAREER:_____CIVILIAN:_____

Current Levels of Certification:

EMS_____

Fire & Haz Mat_____

AFFILIATION:_____RANK_____

SIGNATURE OF CHIEF OR DESIGNEE_____

IF AFFILIATED OUTSIDE FAUQUIER COUNTY YOU MUST COMPLETE THE FOLLOWING:

FDID:_____DEPARTMENT:_____PHONE #_____

ADDRESS OF DEPARTMENT:_____

NAME OF CHIEF:_____

NOTE: Refer to the Training Advisory regarding book fees. Books will be sold in advance through OES. Call 347-6995 for forms. You may pay by mail and get a voucher to pick up books first night. No cash sales at class sites.

PLEASE FAX THIS COMPLETED FORM TO OES 540/347-6999.